

Office of the Registrar

P.O. Box 20036—UCT2250 Houston, TX 77225 (713)500-3361 Fax: (713)500-3356

Diploma Name Change

For Academic program, only. Do not use this form if you are a MD or DDS student.

Complete this form after submitting the Application for Graduation online in the myUTH student portal. If you have questions regarding how your diploma name may be styled, see the Registrar's Office web site at

https://www.uth.edu/registrar/current-students/graduation/name-style-in-diploma.htm

Please submit the typed or hand printed form using black ink.

L	Fall (Dec	gree is to Be ember)	Awarded: Spring (May)	☐ Summe	r (August)	Of Year (YY	YY):
7-digit Stu	udent ID		 Nam	e (Last, Firs	t Middle)			
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School:	□-SBMI	□-GSBS	□-SON	□-SPH	□-SOD	□-MED	□-MDA SHP	□-Tyler HSC
	-	name legibly <u>n diploma</u> as indi		-		-	ed for name change.	
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Return completed form to: Office of the Registrar, UCT 2250 or by email attachment: registrar@uth.tmc.edu